

**VEHICLE LICENSE
MILK AND CREAM**

LICENSE No._____

DATE _____ 19_____

ISSUED TO

PLACE OF BUSINESS

NUMBER OF VEHICLES _____

NUMBER OF DRIVERS _____

EXPIRES _____ 19_____

No. _____

**The Commonwealth of Massachusetts
OF**

**BOARD OF HEALTH
VEHICLE LICENSE — MILK AND CREAM**

This is to Certify that _____ **NAME** _____

residing at _____ and having a

place of business at _____

in the _____ of _____ has been granted

**A LICENSE TO SELL
MILK AND CREAM**

and is subject to the Provisions of the Laws of The Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations established by the Board of Health, of the _____ of _____ governing the sale of Milk and Cream

and shall remain in full force until the first day of June 19_____, unless previous to that time is suspended or revoked.

Number of Vehicles used _____

If for partnership, name and address of each partner and manager.

If for corporation, name and address of each officer.

Names of Employees or Drivers

The license number shall be displayed, conspicuously, on the outer side of each vehicle used in the conveyance and sale of milk, in figures not less than one and one-half inches in height, and the name and place of business of the licensee in gothic letters not less than one and one-half inches in height.

All changes of residence and of drivers must be immediately reported to the inspector.

This License must not be sold, assigned or transferred.

License Issued _____ 19_____

Inspector of Milk